

House Bill 908

By: Representatives Rogers of the 26th and Knox of the 24th

A BILL TO BE ENTITLED
AN ACT

1 To provide a short title; to provide for legislative findings; to amend Code Section
2 33-24-10.1 of the Official Code of Georgia Annotated, relating to standard or uniform claim
3 form, so as to provide a definition; to authorize the Commissioner of Insurance to establish
4 by rule or regulation a standard or uniform explanation of benefits form relating to certain
5 health insurance policies and contracts; to provide for related matters; to repeal conflicting
6 laws; and for other purposes.

7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 **SECTION 1.**

9 This Act shall be known and may be cited as the "Plain Language Insurance Benefits Act."

10 **SECTION 2.**

11 The General Assembly finds that Georgia health care consumers have encountered an
12 increasingly complex and confusing medical payment system and accompanying
13 terminology. Such complexity has led to confusion among health care consumers concerning
14 whether all or part of their claims have been paid and the amount of any claim for which the
15 consumer is personally responsible. It is therefore in the best interests of the citizens of
16 Georgia that they be able to easily understand the explanation of benefits forms used by
17 insurers when processing health care claims.

18 **SECTION 3.**

19 Code Section 33-24-10.1 of the Official Code of Georgia Annotated, relating to standard or
20 uniform claim form, is amended by striking the Code section and inserting in lieu thereof a
21 new Code Section 33-24-10.1 to read as follows:

1 "33-24-10.1.

2 (a) The Commissioner is authorized to establish by rule or regulation a standard or uniform
3 claim form to be supplied by insurers on and after January 1, 1994, to their insureds for the
4 purpose of filing claims under policies or contracts of accident and sickness insurance.

5 (b)(1) The Commissioner is authorized to establish by rule or regulation a standard or
6 uniform explanation of benefits form to be supplied by insurers to their insureds on and
7 after July 1, 2005, for the purpose of paying or resolving claims filed under policies or
8 contracts of accident and sickness insurance. This authorization shall also apply to any
9 explanation of benefits issued by a managed care plan as defined in Code
10 Section 33-20A-3 or issued by the state health benefit plan or the board of regents health
11 plan operated by the Department of Community Health pursuant to Code
12 Section 31-5A-4.

13 (2) For purposes of this Code section, 'explanation of benefits' means any written
14 communication from an insurer or plan or any agent thereof to an insured, beneficiary,
15 claimant, or enrollee which explains or attempts to explain the benefits paid or to be paid
16 by the insurer, the plan, or other persons related to any claim submitted by or on behalf
17 of the insured, beneficiary, claimant, or enrollee.

18 (3) Such rule or regulation shall, at a minimum, require the explanation of benefits form
19 to be easily understood by a reasonable consumer and to contain:

20 (A) The amount of the claim to be paid by the insurer or plan;

21 (B) The amount of the claim to be paid by any other person;

22 (C) The amount of the claim for which the insured, beneficiary, claimant, or enrollee
23 is personally responsible; and

24 (D) Any additional information deemed by the Commissioner to be necessary to reduce
25 confusion and promote the prompt payment and adjudication of claims.

26 (c) The Commissioner shall file and maintain on file in the office of the Commissioner a
27 true copy of the standard or uniform claim form and explanation of benefits form
28 designated as such and bearing the Commissioner's authenticating signature and the date
29 of filing."

30 SECTION 4.

31 All laws and parts of laws in conflict with this Act are repealed.